

MEM-CL- Lock in Member Selection for Utilization Review

Purpose:

To promote quality healthcare and provider education to members and providers. The program also seeks to prevent harmful practices such as duplication of medical services, drug abuse, and possible drug interaction.

Identification of Roles:

- **Lock-in (LI) Coordinator** – Reviews claims to determine appropriateness of member for enrollment in Member Health Education Program (MHEP) or Lock-in (LI) Program. Distributes list of eligible members and provides unit support.
- **Clinical Peer Reviewer** – Reviews case and determines whether it is appropriate for the member to be entered into the Lock-in program based on the claim history provided and medical professional judgment.

Performance Standards:

On a quarterly basis report the Member Health Education Program (MHEP) and LI program savings and a quarterly measurable growth rate from pre-enrollment to post-enrollment for LI members. Outline the methodology for this analysis based on claims data to a level of detail that enables the Department staff to substantiate the reports content.

Path of Business Procedure:

Step 1: Retrieve monthly Health Intelligence report of members eligible for Lock-in pre-screening (See the Lock-in Review Report procedure)

Step 2: The report will include member name; State Identification (SID) number and risk score

Step 3: The LI Coordinator will screen all members on the list by a weighted selection screening process. The process starts with members with the highest provider utilization

- a. In C3, document the number of prescribers, number of pharmacies, number of drugs and number of physicians
 1. Two or more physicians duplicating medications or services in six months;
 2. Two or more pharmacies filling duplicate medications in six months;

3. The utilization of two or more hospitals for duplicated emergency room services in six months; or
4. The use of emergency room services for non-emergent conditions two or more times in six months

Step 4: The LI Coordinator will complete the review process. (See MEM-CL Initiating Clinical Peer Review Process)

Step 5: If review of the claims indicates misuse or over utilization, but the misuse or over utilization does not meet the requirements to place a member in the Lock-in program, the Clinical Peer Reviewer will document medical rationale for decision in the notes section of C3. The Coordinator will document the letter that was sent in C3.

- a. Education Letter 19 – sent when utilization shows two or less pharmacies, and/or three or less physicians are used
- b. Education Letter 22 – sent when utilizations show three or more pharmacies, and/or 4 or more physicians are use

Step 6: If misuse or care concern is noted, the LI Coordinator will proceed with the initial review process. (See Clinical Peer Reviewer Procedure)

Step 7: The LI Coordinator will then complete the Lock-in process

Step 8: The LI Coordinator will upload the review form into C3 with required documentation

Forms/Reports:

Report from Health Intelligence

Education Letter 19

Education Letter 22

RFP References:

6.5.6.3

Interfaces:

C3

MMIS

Data Warehouse

OnBase

Attachments:

NA